

Foster Family Home - Corrective Action Report

Provider ID: 1-562604

Home Name: Maria Lourdes Galdones, CNA

Review ID: 1-562604-8

98-1212 Kaamilo Street

Reviewer: Maribel Nakamine

Aiea

HI 96701

Begin Date: 8/13/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 9/13/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 10/19/18 and renewed on 10/2/19; Ecrim lapsed on 7/24/19 and renewed on 10/9/19. CG#2's APS/CAN lapsed on 10/24/18 and renewed on 3/26/19; Ecrim lapsed on 10/19/18 and renewed on 3/27/19. CG#3's APS/CAN lapsed on 10/24/18 and renewed on 3/9/19; Ecrim lapsed on 10/21/18 and renewed on 3/27/19.

Foster Family Home

Records

[11-800-54]


54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

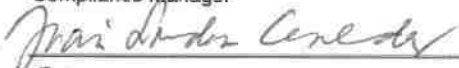
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client #1's Service Plan in chart/binder expired since 2/21/19.

54.(c)(6)- Progress note documentation on Client #1 last charting was on 12/10/19.


 Compliance Manager


 Primary Caregiver

Date
 8-13-2020
 Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Maria Lourdes Galdones
(PLEASE PRINT)

CCFFH Address: 98-1212 Kaamilo Street, Aiea, HI 96701
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (1), (2)	Lapse cannot be corrected.	8/13/20	Home will use an iphone calendar to schedule due dates 2-3 months in advance to prevent future lapses.
54.(c) (2)	Client #1's Service Plan was obtained. It was placed into the client record.	9/8/20	Home will make a calendar reminder for due dates in the front of the client's binder.
54.(c) (6)	Client #1's progress notes was updated and placed into the client binder.	9/1/20	Caregiver will write progress note documentation on weekly basis or as needed.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Maria Lourdes Galdones

Date: 9-8-2020

☒ CTA has reviewed all corrected items